

Check Sheet

To the Application for Approval of Continuing Education (CE) Course

This Check Sheet is intended to assist you with filing a complete application. Applications must be received in the Board's office by close of business 30 days prior to a scheduled Board meeting AND 45 days prior to the first scheduled course date. The application fee is \$50.00 per course and is non-refundable. DO NOT staple cover letter to application.

Courses are evaluated on their merit, and approval is based on the information provided with the application. Prior approval of a course does not guarantee future approval. Remember, you must be a Board-approved Provider prior to submitting any courses for approval.

- ☐ APPLICATION (complete one application for each course per calendar year)
 - ☐ One original and two (2) copies of each course application and required documentation.
- ☐ DOCUMENTATION (assembled, clipped or stapled)
 - ☐ Hourly breakdown of CE course - identify the hours with an asterisk or shading. Specify the type of adjunctive technique (i.e., Diversified, Thompson Drop, etc.).
 - ☐ Syllabus (summary or outline containing the main points of a course of study)
 - ☐ Monitoring sample or statement.
 - ☐ Course brochure (final or draft) or Statement of Explanation, if not available.
 - ☐ Curriculum Vitae (CV) for each instructor (in the same order as listed under instructors on the application).

☐ GENERAL INFORMATION

Course approval numbers will be assigned by the Board for all approved applications. Use this number on all correspondence, CE certificates, and requests for deleting or adding dates and/or locations.

Instructor changes require prior notification to the Board. Submit a CV for the new instructor.

You must immediately notify the Board of any changes that would affect the date, time or location of an approved course. Attach a copy of the course approval letter. Dates may be added for the calendar year, but topic changes are not permitted. (Failure to notify the Board prior to the course being held will result in denial of the new dates.)

A list of licensees' names, hours taken, and chiropractic license numbers must be submitted to the Board within 60 days of course completion. NOTE: THIS LIST IS NOT AN OFFICIAL VERIFICATION FOR RENEWAL PURPOSES. SEE SAMPLE CERTIFICATE.

Incomplete applications will be returned to the provider during the initial review process. A resubmitted application must be received within the time frame specified by the Board for the original submission date to be considered for course approval. Failure to meet the Board's time frame will result in the review of the application at the next scheduled Board meeting. Course dates not meeting the 45 day deadline requirement will be denied.

☐ CE CERTIFICATE VERIFYING ATTENDANCE (see Sample Certificate)

The course title on the CE Certificate must correspond with the Course Title on the original application. The Board assigned course approval number must be included on the certificate.

The CE Provider is responsible for completing all CE certificates for distribution to attendees in a timely manner following the seminar. DO NOT distribute blank or incomplete certificates to attendees. DO NOT send a copy of the CE Certificate to the Board. Providers who allow attendees to complete their own CE certificate will jeopardize their CE Provider approval status. Incomplete certificates could result in a disruption of attendees' license status.

SAMPLE CERTIFICATE

Provider's Name
Provider's Address
Provider City, State and Zip
Phone number including area code

Course Title
Date of Course
Location of Course (City/State)
Board Approval No. CA-A-_____

I hereby verify that _____, License No. _____ has successfully
(first and last name of attendee) (attendee's license number)
completed _____ general hours and _____ technique hours of continuing education.
(if no hours earned enter 0) (if no hours earned enter 0)

Provider's Signature

Date

Print name

Board of Chiropractic Examiners

2525 Natomas Park Drive, Suite 260

Sacramento, CA 95833

Telephone (916) 263-5355 FAX (916) 263-5369

CA Relay Service TT/TDD (800) 735-2929

Consumer Complaint Hotline (866) 543-1311

www.chiro.ca.gov



APPLICATION FOR APPROVAL OF CONTINUING EDUCATION COURSE

ALL questions on this application must be answered. Submit the original application for each course and two (2) copies. The application and attachments must be submitted 30 days prior to a scheduled Board meeting AND 45 days prior to the first scheduled course date. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application.

FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY
ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL

Provider's name:

Address:	Number and Street
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City	State	Zip Code
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Contact person	Telephone number	Residence: ()
	Business: ()	E-mail address:

COURSE TOPICS AND HOURS (if different topics are being taught simultaneously, approval for all hours must be obtained)

	Number of hours
A. Principles of Practice: Examination Procedures, Physical Therapy, Nutrition and Diagnosis	_____
B. Adjustive Technique and Interpretation (specify technique)	_____
C. Radiographic Technique and Interpretation	_____
D. Insurance Reporting/Procedures	_____
E. Practice Management	_____
F. Philosophy of Chiropractic	_____
G. HIV Prevention/Education	_____
H. Other (specify)	_____
TOTAL NUMBER OF HOURS	_____
Maximum number of hours that may be earned by each participant	_____

FOR OFFICE USE ONLY
☐ Application + 2 copies☐ Brochure or Statement of Explanation

Date cashiered _____

☐ Syllabus☐ CV(s)

Date approved _____

☐ Hourly breakdown☐ Monitoring sample or statement

Date denied _____

INSTRUCTORS* (if more than one instructor teaches a particular subject (team teaching), list both on the same line)

Name	Type of Degree(s)**	License No./State issued (if applicable)	Topic of Instruction (from list A-H on front page)	Hours

*If instructor holds a professional license, the Provider must insure that the license is in good standing. **Provide a copy of the college diploma with CV.

TOTAL HOURS _____

(this total should match with the front page)

COURSE

Title (this will be displayed on the Board's web site)			
Objective (complete in full, do not state "see attachment")			
Date(s)	Location(s)	City	State

ATTENDANCE CERTIFICATION

Print name of individual certifying attendance	Telephone Number ()
Method of certifying attendance	
Registration/Attendance fee for course \$ _____	